

FORM LOB (Rev. 5/2013)

STATE OF HAWAII STATE ETHICS COMMISSION



HAWAII STATE ETHICS COMMISSION LOBBYIST'S EXPENDITURES AND CONTRIBUTIONS REPORT

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REPORT YEAR: 2014		mended Staten	nent		
For Lobbying Reporting Period:	January 1 - last (day of February	March 1 -	April 30 🔲 🐧	May 1 - December 31
OBBYIST INFORMATION					
Lovitt		ANGEL	4		J.
Last Name		First Nam	e		M.I.
_egal Aid Society of Ha	waii				
_obbyist Firm/Employer					
924 Bethel Street					
Mailing Address (Number and St	reet or P.O. Box)				
-lonolulu	HI				96813
City			State		Zip Code
536-4302					
Telephone Exte	ension	Email Addres	S		
PART I. TOTAL EXPENDITUR EXPENDITURES (ROUND TO THE NE	ES (Attached Ad	Iditional Sheets	As Needed)	747/01/ 0500505	
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15. Total Expenditures from A		Jed Sheet(s)			• C
Total Experiences from A	23.ttotta//ttaorit	ou oncens)			
Add Total Expenditures (lin	nes 1 through 16	3)		Total Expend	ditures ► C

Page 1 of 2

EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY List all expenditures incurred by lobbyist for the purpose of lobbying of \$25 or more per person per day during the statement period, On Behalf of ORG Amount or Value 0.00 Check here if additional sheets are attached AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON List all expenditures incurred by lobbyist for the purpose of lobbying in the total sum of \$150 or more per person during the statement period. On Behalf of ORG Name Amount or Value 0.00 Check here if additional sheets are attached PART II. CONTRIBUTIONS RECEIVED List all contributions received by lobbyist for the purpose of lobbying in the total sum of \$25 or more per person during the statement period. Name On Behalf of ORG 0.00 Check here if additional sheets are attached PART III. SUBJECT AREAS OF LOBBYING Legislative and/or administrative action in the following areas was supported or opposed during the statement period: Human Services Science, Technology & Agriculture Education Economic Development Government Operation & Intergovernmental Relations, Tourism & Recreation Communications & International Affairs Public Utilities Finance Consumer Protection & Hawaiian Affairs Labor & Employment Transportation Commerce Planning, Land & Water Other (indicate below): Culture, Arts, Historic Health Preservation Use Management

AUTHORIZED PERSON	ANGSIA	J. LOVIH	

Housing

Print Name of Authorized Person (First M.I. Last)

Director of Roof, Development 5 | 14 | 2014

Date (m/d/yyyy)

CERTIFICATION: By checking this box, you signify and affirm that you are the person whose name appears as the "Authorized Person" above and the information contained in the form is true, correct and complete to the best of your knowledge and belief. You further certify that you understand that there are statutory penalties for failing to report the information required by Hawaii law.

Public Safety & Corrections

Ecology, Energy

Environmental Protection